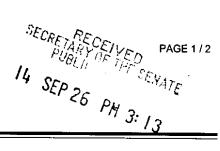
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FEC FORM 2 STATEMENT OF CANDIDACY



(a) Name of Candidate (in full) Mike Rounds						
(b) Address (number and street)	☐ Check if addres	s changed		2. Candidate's FEC I	dentification N	umher
2418 Whispering Shores				Candidate's FEC Identification Number S4SD00049		
(c) City, State, and ZIP Code				3. Is This	New	Amended
Fort Pierre	SD SD	57532-		Statement	(N) OR	× (A)
Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	{	6. State & Dist SD	trict of Candidate 00		
DI	ESIGNATION OF PRI	NCIPAL C	CAMPAIGI	N COMMITTEE		
7. I hereby designate the following na	nmed political committee as my	Principal Ca	ampaign Com	mittee for the2014 (vear of e	election	on(s).
NOTE: This designation should be	filed with the appropriate office	e listed in the	instructions.	() 54. 57. 5	.co.id.ii,	
(a) Name of Committee (in full)		1 4 10		MA	****	
Rounds for Senate						
(b) Address (number and street)			****			· · · · · · · · · · · · · · · · · · ·
PO Box 250						
223 E Capitol Avenue						
(c) City, State, and ZIP Code						
Pierre			SD	57501-0250		
3. I hereby authorize the following nar	(Including Joint	Fundraising I	Representativ		expend funds	on behalf of my
	(Including Joint ned committee, which is NOT	Fundraising I	Representativ campaign con	res)	expend funds	on behalf of my
 I hereby authorize the following nar candidacy. 	(Including Joint ned committee, which is NOT	Fundraising I	Representativ campaign con	res)	expend funds	on behalf of my
I hereby authorize the following nar candidacy. NOTE: This designation should be	(Including Joint ned committee, which is NOT	Fundraising I	Representativ campaign con	res)	expend funds	on behalf of my
I hereby authorize the following nar candidacy. NOTE: This designation should be (a) Name of Committee (in full)	(Including Joint (Including Joint) med committee, which is NOT) filed with the principal campaig	Fundraising I	Representativ campaign con	res)	expend funds	on behalf of my
3. I hereby authorize the following nar candidacy. NOTE: This designation should be (a) Name of Committee (in full) SIX IN '14 FUND (b) Address (number and street)	(Including Joint (Including Joint) med committee, which is NOT) filed with the principal campaig	Fundraising I	Representativ campaign con	res)	expend funds	on behalf of my
3. I hereby authorize the following nar candidacy. NOTE: This designation should be a candidate. (a) Name of Committee (in full) SIX IN '14 FUND (b) Address (number and street) 228 S WASHINGTON STREE	(Including Joint (Including Joint) med committee, which is NOT) filed with the principal campaig	Fundraising I	Representativ campaign con	res)	expend funds	on behalf of my
s. I hereby authorize the following nar candidacy. NOTE: This designation should be to the committee (in full) SIX IN '14 FUND (b) Address (number and street) 228 S WASHINGTON STREE (c) City, State, and ZIP Code Alexandria	(Including Joint (Including Joint) med committee, which is NOT) filed with the principal campaig	Fundraising I	Representativ campaign con	es) nmittee, to receive and o		
3. I hereby authorize the following nar candidacy. NOTE: This designation should be (a) Name of Committee (in full) SIX IN '14 FUND (b) Address (number and street) 228 S WASHINGTON STREE (c) City, State, and ZIP Code Alexandria	(Including Joint) med committee, which is NOT filed with the principal campaig	Fundraising I	Representativ campaign con	es) nmittee, to receive and o		
3. I hereby authorize the following nar candidacy. NOTE: This designation should be a candidacy. (a) Name of Committee (in full) SIX IN '14 FUND (b) Address (number and street) 228 S WASHINGTON STREE (c) City, State, and ZIP Code Alexandria	(Including Joint) med committee, which is NOT filed with the principal campaig	Fundraising I	Representativ campaign con	es) nmittee, to receive and of the correction of		
3. I hereby authorize the following nar candidacy. NOTE: This designation should be to the candidacy. (a) Name of Committee (in full) SIX IN '14 FUND (b) Address (number and street) 228 S WASHINGTON STREE (c) City, State, and ZIP Code Alexandria I certify that I have example of Candidate	(Including Joint) med committee, which is NOT filed with the principal campaig	Fundraising I	Representativ campaign con	es) nmittee, to receive and of the second of		
I hereby authorize the following nar candidacy. NOTE: This designation should be to the candidacy. (a) Name of Committee (in full) SIX IN '14 FUND (b) Address (number and street) 228 S WASHINGTON STREE (c) City, State, and ZIP Code Alexandria I certify that I have example to the candidate of Can	(Including Joint med committee, which is NOT filed with the principal campaign.) ET SUITE 115	Fundraising I	Representativ campaign con VA . knowledge a	22314-5404 and belief it is true, correction 109/18/2014	ct and comple	te.
3. I hereby authorize the following nar candidacy. NOTE: This designation should be to the candidacy. (a) Name of Committee (in full) SIX IN '14 FUND (b) Address (number and street) 228 S WASHINGTON STREE (c) City, State, and ZIP Code Alexandria I certify that I have example of Candidate	(Including Joint med committee, which is NOT filed with the principal campaign.) ET SUITE 115	Fundraising I	Representativ campaign con VA . knowledge a	22314-5404 and belief it is true, correction 109/18/2014	ct and comple	te.
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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

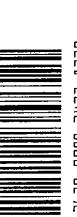
FEC Form 2 (Rev. 02/2003)		Page 2 / 2
DESIGN	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to r and expend funds	on behalf of my
NOTE:This designation should be filed w	ith the principal campaign committee.	
(a) Name of Committee (in full) 2014 SENATORS CLAS	SIC COMMITTEE	
(b) Address (number and street) 228 S WASHINGTON STREET SUIT	TE 115	
(c) City, State and ZIP Code		
Alexandria	VA 22314-5404	
DESIGN	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to r and expend funds	on behalf of my
NOTE:This designation should be filed wi	ith the principal campaign committee.	
(a) Name of Committee (in full) FOUNDERS SENATE CA	ANDIDATE COMMITTEE	
(b) Address (number and street) 228 S WASHINGTON STREET SUIT	E 115	
(c) City, State and ZIP Code		
ALEXANDRIA	VA 22314	
DESIGNA	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to r eive and expend funds	on behalf of my
NOTE:This designation should be filed wi	th the principal campaign committee.	
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		<u> </u>
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DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHOME: [202] 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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SEN PATCH



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